

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alain CADIEUX

RECEIVED

APR 29 2002

TELE CENTER 1600/2900

Title: USE OF CALCITONIN GENE-RELATED PEPTIDE IN
THE PREVENTION AND ALLEVIATION OF ASTHMA
AND RELATED BRONCHOSPASTIC PULLMONARY
DISEASE

Appl. No.: 09/475,072

Filing Date: 12/30/1999

Examiner: Patrick Nolan

Art Unit: 1644

AMENDMENT TRANSMITTALCommissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

Small Entity statement is enclosed.

The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	11	—	26	= 0 x \$18.00 =	\$0.00
Independents:	2	—	3	= 0 x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00 =	\$0.00
				CLAIMS FEE TOTAL: =	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$0.00 is enclosed.

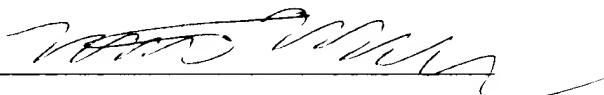
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 26, 2002

By



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